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CONFIRMATION NO. 5644

<b>SERIAL NUMBER</b> 09/820,458	<b>FILING OR 371(c) DATE</b> 03/29/2001 <b>RULE</b>	<b>CLASS</b> 714	<b>GROUP ART UNIT</b> 2114	<b>ATTORNEY DOCKET NO.</b> AUS92001-0114 US1	
<b>APPLICANTS</b> Raymond Leslie Hicks, Rochester, MN; Alongkorn Kitamorn, Austin, TX; Sheldon Ray Bailey, Rochester, MN;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/07/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 38	<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> 32329					
<b>TITLE</b> METHOD AND SYSTEM FOR FAULT ISOLATION METHODOLOGY FOR I/O UNRECOVERABLE, UNCORRECTABLE ERROR					
<b>FILING FEE RECEIVED</b> 1886	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		